



# **PATENT APPLICATION**

Attorney Docket No. **D/A3053**  
**311291**

## **DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### **SYSTEMS AND METHODS FOR LINKED EVENT DETECTION**

the specification and claims of which

☒ are attached hereto OR ☐ was filed on as U.S. Application No.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code, §119 of any foreign or U.S. Provisional application(s) for patent listed below, and have also identified below any foreign application(s) or Provisional application(s) for patent having a filing date before that of the application on which priority is claimed:

Prior Foreign or U.S. Provisional Application(s)

(Number)

(Country)

(Day/Month/Year Filed)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

**Christian Austin-Hollands**  
**Mark Costello**

**Reg. No. 46,527**  
**Reg. No. 31,342**

**Michael G. Smith**  
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**Reg. No. 45,368**  
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**DECLARATION AND POWER OF ATTORNEY, continued**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of sole or first inventor: Francine R. CHEN

Inventor's Signature: \_\_\_\_\_

Residence: 975 Sherman Ave., Menlo Park, CA, 94025, USA

Citizenship: U.S.A.

Date: \_\_\_\_\_

Mailing Address:  
(Same as above)

Name of second joint inventor: Ayman O. FARAHAT

Inventor's Signature: \_\_\_\_\_

Residence: 864 33<sup>rd</sup> Ave., San Francisco, CA 94121

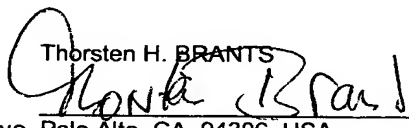
Citizenship: Canada

Date: \_\_\_\_\_

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Name of third joint inventor: \_\_\_\_\_

Thorsten H. BRANTS

Inventor's Signature:  \_\_\_\_\_

Residence: 432 Monroe Drive, Palo Alto, CA, 94306, USA

Citizenship: Germany

Date: 7/21/2003

Mailing Address:  
(Same as above)

Name of fourth joint inventor: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address:  
(Same as above)

Name of fifth joint inventor: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address:  
(Same as above)

**DECLARATION AND POWER OF ATTORNEY, continued**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Name of sole or first inventor: Francine R. CHEN

Inventor's Signature: Francine R. Chen  
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Name of third joint inventor: Thorsten H. BRANTS

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Name of fourth joint inventor:

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Mailing Address:  
(Same as above)

Name of fifth joint inventor:

Inventor's Signature: \_\_\_\_\_  
Residence: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

Date: \_\_\_\_\_  
Mailing Address:  
(Same as above)